STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE

OFF-CYCLE / ON-DEMAND REQUEST

MCP 009 (NEW 06/2012)



MyCalPAYS

ATTN: MyCalPAYS OPERATIONS

SCO Personnel-Payroll Services Division
Form Contact Info: Tel (916) 372-7200
Email: mcpccc@sco.ca.gov
Fax: (916) 375-6622

EMPLOYEE INFORMATION								
Last Name		First Name			N	Middle Name		
Person ID #		PERNR						
SELECT PROCESS TO BE COMPLETED USING THE OFF-CYCLE WORKBENCH								
Display payment history and print remuneration statements (Pay Stub)								
	From (mm/dd/yyyy) To (mm/dd				/dd/yyyy)	уууу)		
	Reversal of payment							
	Correction payroll runs Wage Type ((4) Amount				
	Special Bonus runs Wag			Vage Type (4)		Amount		
	On-Demand payments	Wage Type (4)		Amount				
PERSONNEL DEPARMENT								
Personnel Department Authorized Signature Certification for the Appointing Power-The foregoing additions to, deletions from, or changes in the original payroll roster of the herein named state agency are true, correct, and in accordance with law. As modified to date by payroll roster charges filed with the State Controller, to and including the within, said original payroll roster is true, correct, and in accordance with law. All persons added to the payroll roster, or whose status is modified by this payroll roster change were employed in approved, established positions and have, if required by law, taken the oaths, including the oath set forth in Section 3103, Government Code. Authorized Name (Print) Title								
Authorized Name Signature					Telephone Date			
Authorized Name Signature					Тетернопе		Date	
Form Submitted By								
Contact Name (Print)			Date		Date			
Telephone Fax			Email		Email			
ACCOUNTING DEPARTMENT								
Accounting Department Authorized Signature Certification for the Appointing Power-The foregoing additions to, deletions from, or changes in the original payroll roster of the herein named state agency are true, correct, and in accordance with law. As modified to date by payroll roster charges filed with the State Controller, to and including the within, said original payroll roster is true, correct, and in accordance with law. All persons added to the payroll roster, or whose status is modified by this payroll roster change were employed in approved, established positions and have, if required by law, taken the oaths, including the oath set forth in Section 3103, Government Code.								
Authorized Name (Print)					Title			
Authorized Name Signature					Telephone		Date	
Form Submitted By								
Contact Name (Print)					Date			
Telephone Fax						Email		
CHECK BOX IF ANY FORMS OR ADDITIONAL INFORMATION ARE ATTACHED (Identify Attachments) Other Other								